



FACILITY RENTAL/USAGE REQUEST and AUTHORIZATION

Please complete all fields below. Be sure to sign and attach any required deposits and rental fees. All deposits and user fees are payable in advance. If paying by check, please make payable to: **City of Sedona**. Deposits and usage fees are cashed or deposited upon receipt, but will be refunded following an inspection of the facility and/or return of equipment. Premises and equipment must be left and/or returned in the same or better condition than that in which they were found. Refunds will not be released if the facility and/or equipment are not returned in a clean and undamaged condition.

Name or Location of Requested Facility: _____
 (*Pre and post inspections are required if you are renting the Skate Park, Recreation Room or Teen Center. Inspections must be scheduled with Park Maintenance Staff. Please call: 203-5057* If you fail to coordinate inspections, it could result in forfeiture of deposit/s.)

Date/s Requested: _____ Hour/s: From: _____ ☐ AM ☐ PM To: _____ ☐ AM ☐ PM

Nature of Activities _____

#of Attendees: _____ Will admission be charged? ☐ YES ☐ NO

Will donations be accepted/requested? Please explain the method your organization will utilize for donation collection.

Will there be amplified music or sound? ☐ YES ☐ NO (Sound should not exceed 60dba as measured from property boundaries or in general park area, per Sedona City Code. If sound regulations are in question, please contact our Code Enforcement Office at (928) 282-1154.)

Staking into City owned property, affixing signs and/or other decorations is not permitted without proper permission. If you need to obtain permission for one or more of these activities, please contact our Maintenance Department at: 203-5057.

Special Equipment or Needs: _____

Name of Responsible Organization: _____

Non-Profit ID Number, (if applicable): _____

Contact Person: _____
 (Name of person who can be contacted on the day and at the time of the event)

Contact Telephone Number: _____
 (This number should be reachable during the hours of the event)

Address: _____
 (Please ensure you provide a mailing address so that a refund, if applicable, can be mailed)

City: _____ State: _____ Zip: _____

HOLD HARMLESS AGREEMENT

I/we acknowledge that based on the nature of activities and/or event/s may be required to produce liability insurance and/or other documents governing such activities. I further acknowledge that I have been informed that my conduct, activity, event, or function, though held on City property, will not be covered under the City's liability insurance policy, unless harm is caused during "normal park use". I agree to hold harmless the City of Sedona for any and all claims that might arise from the activities performed. I have also been informed of TULIP (Tenant User Liability Policy) as an option for liability insurance.

Signature below acknowledges that the authorized representative has received, read and agrees to abide by all terms and conditions associated with this form.

 Signature of Authorized Requesting Organization Representative

 Date

[Once form is authorized, please maintain a copy for your records, as it may necessary to present to City Officials during the event.]

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FOR INTEROFFICE USE:

Authorized by (Print Name): _____

Signature: _____

Date: _____

Form forwarded to: ☐ Police Department ☐ Code Enforcement Division ☐ N/A for distribution

Notes:

FOR INTRAOFFICE USE:

Date deposit fees received: _____ Amount of deposit fees: \$ _____

Date usage fees received: _____ Amount of usage fees: \$ _____

Does this request require liability insurance? Yes ☐ No ☐

Date proof of insurance was provided: _____

Date facility key was provided/signed out: _____

☐ Added to shared/department calendar

☐ Sign/s for posting provided to field staff

☐ Copy of this authorized form provided to end-user via e-mail, fax or mail

If user is renting the Skate Park, Teen Center or Recreation Room, pre and post inspections are required for deposit refund.

Pre Inspection: Date _____ Results _____

Post Inspection: Date _____ Results _____

Date facility key was returned: _____

Date equipment was returned: _____

Date deposit fees were refunded: _____